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Navy & Marine Corps Medical News (MN-00-17) - April 28, 2000

The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Headline: Rota Sailor donates bone marrow, urges others to participate in drive

By JOC Jon McMillan

ROTA, Spain -- He never had any doubts. He never thought twice about the decision to undergo an operation to remove some of his bone marrow - the soft, spongy tissue

that fills the insides of the bones - and transplant it inside a complete stranger in need.

"I saw it as an opportunity to do my job in a different form," said Hospital Corpsman 3rd Class (FMF) Arturo Medina, an emergency medical technician at Naval Hospital Rota. "My job is to help and heal injured people," he said.

People who require bone marrow transplants are very sick. Various types of leukemia, aplastic anemia, severe combined immune deficiency syndrome, sickle cell anemia and radiation poisoning can be treated with marrow transplantation. "By the time they get to the point where they need a bone marrow transplant, it's a life or death situation," said Medina.

Knowing that and knowing he'd been identified as a complete match - something rare, only 1 in every 20,000 cases involving unrelated people - made Medina feel like he had an opportunity to give someone a better chance at life. "I was surprised and excited to find out I was a complete match," Medina said.

After a series of tests and a host of opportunities to change his mind, Medina was flown from Rota to Georgetown Medical Center in Washington D.C. His wife, finishing up her degree in California, was flown in as well, and they were given a room at a nice hotel across from the medical center.

"They treated you like a king," said Medina. "Everyone knows what you're there for and they keep telling you how great it is that you're doing this. It's a wonderful experience."

After a few days of getting adjusted to the change in time zones, it was time for Medina to donate. He was wheeled into surgery. "It was just like a regular surgery," he said. "Afterwards it was like my muscles were real sore. I felt like I'd gone 12 rounds with Mike Tyson and got nothing but kidney punches," he said.

But, he's quick to point out that the soreness wasn't as bad as he had heard it would be. "I was up and walking around that night," he said. "It was a lot better than I thought it'd be."

Medina donated his marrow in late October. It typically takes up to a month for the marrow to set in and start manufacturing blood cells in the recipient's body. Because of privacy issues, the donor and recipient are not told much about each other.

Medina only knows the sex, age and disease of the person he's donated marrow to.

"You can write letters or send email through the donor center. After one year, if both people want to, they allow you an opportunity to meet the person you donated to," said Medina.

The latest news Medina has heard is that the recipient isn't doing well. But there's still hope. Medina now advocates people getting involved and registering on the National Donor Registry. "I don't think it's too much to

ask from someone," he said.

"People need to get involved. It could be you or someone in your family [who needs a marrow transplant.] I always try to look at it like there's a little girl standing in front of you asking you to donate in order to give her an opportunity for life. Would you be able to say no knowing you could do something?"

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Headline: Pensacola medical team recognized for hurricane recovery support

By JO1 Maria Christina Mercado, Naval Hospital Pensacola

PENSACOLA, Fla. -- Army medals were recently pinned on two Naval Hospital Pensacola staff members to recognize their efforts supporting soldiers deployed to Central America following Hurricane Mitch.

Hospital Corpsman 3rd Class Larry Gatrell and Capt. R.D. Hufstader, MC, were recognized by Army reserve Brig. Gen. Thomas P. Maney, who in everyday life is an Okaloosa County judge and commands the 350th Civil Affairs Command in Pensacola.

Gatrell received the Army Achievement Medal for supporting the 350th Civil Affairs Command as a laboratory technician who volunteered to assist in the medical screening of 150 members of the 350th so that they could deploy in support of special operations.

Maney presented Hufstader with the Army Commendation Medal for his support of the 350th Civil Affairs Command's special operations during the devastating hurricane that slammed Central America.

Maney thanked the Naval Hospital for its continued support of the Army Reserve command, whose members are currently serving in Bosnia, Kosovo and South America.

"In the era of 'total force,' this is a great example of how different branches of service can work together to complete the mission," said Maney.

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Headline: Ensign cited for heroism visits former ship

By JOC (SW) Mary Camacho, 7th Fleet Public Affairs

YOKOSUKA, Japan -- The ship's bells rang twice and a voice on USS Blue Ridge (LCC 19) speakers announced, "Ensign, United States Navy, retired, departing." For anyone new on board the 7th Fleet command ship, that announcement may have left them wondering why an ensign would be retired and why he would be rendered honors while departing a ship.

For those Sailors on board the ship in Pusan, Korea, on Aug. 23, 1999, the answer was more apparent. The ensign in question was Ensign Daniel Johnson, a former 2nd Division officer on Blue Ridge who was involved in a tragic line handling accident while the ship was departing Pusan.

As the safety officer in the aft mooring station, Johnson, 23, was responsible for the safety of the Sailors

handling the lines.

When the Pusan tugs suddenly and unexpectedly jerked the lines, Seaman Steven Wright, one of the line handlers, became entangled in a cable. It was pulling Wright toward the one-foot by two-foot chock, a hole in the bulkhead that mooring lines go through. If Wright were pulled through the chock, he would have been killed. As Wright struggled to free himself, the rest of the Sailors present scrambled to safety. However, Johnson instinctively jumped in to try and free Wright's leg.

His efforts saved the 20-year-old seaman from certain death, but the accident cost both of them their limbs. Both of Johnson's legs were amputated below the knee, as well as one finger; Wright lost his right leg and four fingers. Eight months have passed since the accident, and Johnson, who has been through extensive physical therapy, said that returning to the ship to see old friends and shipmates was part of his recovery.

"I wanted to come back to Japan to see all the men and women on the ship, to say goodbye and to bring closure to the accident," he said. "I also wanted to talk to the people in medical, deck department and the witnesses to thank them for everything."

As he walked around the ship, he revisited friends as well as memories of that day, including a stop in the aft mooring station where the accident occurred. "I remember the whole thing up to the hospital," he recalled, saying he remained conscious the entire time, but was in incredible pain. "It was kind of surreal. Your mind is in disbelief, but you immediately start thinking of the future."

Johnson said that he thought the accident was the worst and the best thing that could happen to him. Because of the accident, he is now more focused on his life and what he wants to do.

"I now have more determination to focus on things that I didn't have before the accident," Johnson said. "Everyone has challenges you don't think you can overcome, but if you maintain a positive attitude and work toward it, life will turn out normal."

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Headline: Construction management team disestablished at Portsmouth

By John E. Peters, Naval Facilities Engineering Command, Atlantic

NORFOLK, Va. -- The Officer in Charge of Construction, or OICC, Naval Hospital Portsmouth was disestablished April 20, ending a decade-long history of outstanding service to the Naval Medical Center and to the Sailors of the U.S. Atlantic Fleet.

"Anyone who has entered the enormous Charette Health Care Center can appreciate the splendor of the architecture, the ingenuity of the design and the quality of the construction," said Rear Adm. Michael R. Johnson,

commander Naval Facilities Engineering Command, Atlantic Division.

OICC Portsmouth was established Oct. 1, 1989 to manage a comprehensive \$350 million redevelopment of Naval Medical Center Portsmouth. An OICC is often employed for execution of a large construction program with a specific scope and limited duration.

Rear Adm. Marion Balsam, Commander, Naval Medical Center Portsmouth, said, "The CHCC is the most technologically advanced medical facility in the Department of Defense today."

Cmdr. Paul Kuzio, officer in charge of construction for Naval Hospital Portsmouth said the construction effort overcame numerous challenges, including historic preservation, environmental concerns, operations confined to a highly congested site and continual advancements in medical technology affecting the layout and design of the new hospital.

"Perhaps most challenging, however, was keeping the existing hospital open during construction, and minimizing the impact to the patients, staff and the residents of Portsmouth," he said.

The centerpiece of the redevelopment is the one million square foot Charette Health Care Center. Construction began in March 1994 and was completed Oct. 31, 1998. After construction completion, several months were needed to outfit the building with furnishings, furniture and the latest in medical equipment.

The medical staff at Naval Medical Center Portsmouth was brought in during design of the new facility and remained engaged throughout construction. Doctors, nurses and corpsmen provided valuable input throughout the process. One example of this input was a dedicated, oversized elevator connecting critical care patients/staff to the Operating Suite and ICU/CCU. The elevator contains electrical outlets for maintenance of patient support equipment in case of elevator failure.

As construction got underway, 11 completely equipped model operating rooms, exam rooms, patient rooms, and doctor's offices were built. Doctors, nurses and medical specialists were brought in to see exactly what the first Operating Room, Birthing Room, Recovery Room, Patient Bedroom, and exam room would look like before the rest were built. Dozens of good ideas were incorporated at this early stage, eliminating the need for costly repetitious changes later.

"When the CHCC opened for business on April 10, 1999, it marked a quantum improvement to the environment of healthcare provided to beneficiaries throughout Hampton Roads," said Johnson.

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Headline: Medical experts face epidemic of missing records  
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, April 25, 2000 -- Military medical experts are facing a new kind of epidemic, one that doesn't involve a disease but can affect patients' health nonetheless -- missing medical records.

"We have a very different culture in the military as far as the custody and control of medical records goes," said Army Col. Susan McMarlin, director of program analysis with the TRICARE Management Activity here. "I don't know how it all got started, but we've really gotten ourselves into an extremely relaxed atmosphere as far as maintaining the records.

"It has become the rule rather than the exception in some places for patients to maintain their records," she said. "In the civilian sector, such a situation, where a patient maintains a legal medical document, is not even comprehensible."

McMarlin said that individuals are welcome to make copies of any documents in their medical records. The records themselves are federal property, however, and it's the servicing medical treatment facility's responsibility to maintain them. Besides the fact that's the law, she said, there are several reasons it's important for medical treatment facilities to maintain patients' records.

The most basic reason is that having medical records on hand helps physicians assure the quality and continuity of care they give patients, said Army Lt. Col. Michael Montgomery, TRICARE's senior health program analyst for patient administration. An example: "If you had an accident and came into the emergency room, it might matter what medications you're taking or if you have any drug allergies," he said.

Another reason is accreditation. "There are standards for all hospitals to be accredited," Montgomery said. "One of those standards is keeping good records." The General Accounting Office and DoD inspector general also review records to verify facilities' workloads. "If we say we have a certain workload but we can't document it through medical records, we can't truly substantiate our patient load," he explained.

There are also financial reasons for facilities to maintain good records. The military is required to bill third-party insurance companies for care their patients received in military medical treatment facilities. Medical records are important to substantiate those bills, Montgomery said.

It should be understood that medical records belong to the government and members aren't supposed to hold them. The rules about returning them, however, aren't uniformly enforced across the services or even medical treatment facilities, he said.

McMarlin said the problem really came to prominent focus during a recent DoD IG inspection during which the facilities were given a preselected list of Social Security

numbers of people who had recently received care. Some facilities were only able to come up with 25 percent of the requested records, she said.

The situation definitely has officials' attention. The assistant secretary of defense for health affairs, Dr. Sue Bailey, has asked the services for their assistance in assuring our MTFs implement improved custody and control procedures for outpatient medical records.

Even though DoD is upgrading to a computerized patient record system that should be completed within three years, the department will still be responsible for maintaining these records. McMarlin said DoD is required to maintain active-duty members' medical records for 50 years.

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Headline: Dooling Award presented to exceptional information systems contributors

By JO3 LeaVonda Battle, Naval Hospital Jacksonville  
Dan Barber, Naval Hospital Twentynine Palms

Navy information systems management departments were honored last week at the Healthcare Information Management Systems Society Conference in Dallas with presentations of the Dooling Awards for Information Manager of the Year.

This year, Rear Adm. S. Todd Fisher, deputy surgeon general of the Navy, presented the Management Information System Officer of the Year award to Lt. Michael Green, MSC, Naval Hospital Jacksonville. Hospital Corpsman 3rd Class Roberto Carbajal of Naval Hospital Twentynine Palms received the Navy Medical Department's Enlisted Information Manager of the Year award, and Robert Dighello of US Naval Hospital Rota, Spain, was named Civilian Information Manager of the Year.

Green was nominated for the award because of his professional and technological abilities, outstanding leadership and upgrades to the hospital's information systems.

According to Naval Hospital Jacksonville's Commanding Officer, Capt. Barbara Vernoski, Green is an asset to both the Navy and Information Systems community. "His hard work has benefited Navy Medicine and has resulted in numerous accolades for the hospital," Vernoski said.

"I received an award, but the command and the Navy are really recognizing my department," Green said. "I work with a great group of people and without their hard work and dedication, the job wouldn't get done."

What marks Carbajal's accomplishment is he is a hospital corpsman and was compared to individuals who are in computer specialty ratings.

"We all know that Hospital Corpsmen are highly skilled, intelligent individuals who are capable of great things," said Capt. Joan M. Huber, commanding officer, Naval Hospital Twentynine Palms, Calif. "We witness this everyday here in Twentynine Palms," she said. "Whenever one of our computers break down the first person we request

help from is Petty Officer Carbajal," she added. "Carbajal has been an integral part of our Management Information Department since his arrival. He is very deserving of this honor."

Robert Dighello also got high praise from his organization for exceptional performance maintaining US Naval Hospital Rota, Spain's management information systems.

"Mr. Dighello is never one to accept things as they are if he sees opportunities for improvement with the system," said Lt. Christopher M. Hansen, MSC, director of information systems at the hospital. "He does not hesitate to diplomatically offer suggestions to other organization to improve communications processes or organizational coordination to get the task done."

Hansen said that Dighello was personally selected by NMIMC staff to participate in the testing phase of the Integrated Program Planning, Scheduling and Reporting System (IPPSRS).

"This selection is yet another example of his proactive reputation in the acquisition, deployment, testing and implementation of new information systems for the command and for all of claimancy 18 Medical Treatment Facilities," Hansen said.

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Headline: Nurse Corps couple retires after 60 years of combined service

By Terresa D. White, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Capt. John "Jack" Caffrey and Capt. Gloria "Glo" Caffrey, a husband and wife Nurse Corps team will retire May 4 after more than 30 years of Naval service each.

The Caffrey's arrived at Naval Hospital Jacksonville for their final tour of duty in July 1998. Jack Caffrey reported as the director of operational medicine, which included oversight of the hospital's seven branch medical clinics in Florida and Georgia. Gloria Caffrey assumed duties as director of nursing services and associate director of the hospital's clinical services.

Ensign Jack Caffrey, a native of Depew, N.Y., met Ensign Gloria Huitsing, a native of Highland, Ind., at their first duty station, Naval Hospital Philadelphia in 1970. Caffrey worked in the medical unit and Huitsing worked in the intensive care unit.

"We worked next door to each other," said Gloria. "We met when Jack was transferring a patient to the ICU." Jack and Gloria agree that the most memorable event in their lives was the day they were married 26 years ago. Both of them knew early in their careers that they were destined to remain in the Navy and being dual military working in the same field never seemed to be a problem for the couple.

"It was always more stressful for everyone else," said Jack. "In fact, it was never a challenge until after we



were both promoted to Captain. It seemed after that, we would get each other's mail or occasionally someone coming to see her, may be sent to my office. I always told everyone that I'm the tall one, she's the cute one." The Caffrey's have established themselves as pillars in Navy Medicine throughout their combined 60 years of service and both agree that maintaining two naval careers required lots of planning and research.

"We have always done our homework," said Jack. "We would decide what we wanted and we were always able to coordinate our plans with the detailee. Navy regulations on co-location were helpful, but for the most part we have always managed to ask for jobs in the same geographic area and get them. We were also the first Nurse Corps couple sent overseas on co-location orders."

And their homework paid off. Their 30-year journey together included some great tours of duty in places like Great Lakes, Ill.; Charleston S.C.; Rota Spain; Bethesda, Md., and Jacksonville, Fla.

Another milestone was their distinction of being the first married couple in the medical department to be selected together for the rank of Captain. They were both selected in 1991 while serving their first tour of duty in Jacksonville.

After 30 years of service, the Caffrey's are now requesting to go ashore. Gloria said she is exceptionally proud of her husband's career. "It has been an absolute joy to share it with him."

Neither is there any question that Capt. Jack Caffrey is bursting with pride about his wife's career.

Flexibility, love and commitment have kept the pair going for 30 years. Now, as they plan their future, both are ready to rest and enjoy themselves.

"I think what has made our careers memorable, enjoyable and fun has been how the people we've worked with have welcomed us and allowed us to become their friends, especially here in Jacksonville," said Jack. "That's why we came back here to retire because we enjoy the area and the people."

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Headline: Anthrax question and answer

From Bureau of Medicine and Surgery

Question: Will the anthrax vaccine be a precondition for temporary duty to high-threat areas by military, DoD civilian, and DoD contract personnel?

Answer: The procedure is to vaccinate U.S. military members and Department of Defense (DoD) and Coast Guard civilians and contractors designated as emergency essential rotating to the designated high-threat areas for any period of time. Every effort will be made to vaccinate people before deployment with the first three inoculations in accordance with the Food & Drug Administration's licensed

vaccination schedule.

A minimum of one vaccination is desirable. However, should extenuating medical or administrative circumstances preclude vaccination of deploying personnel before arrival in a high-threat area, vaccine stocks and operational immunization tracking systems are in place to allow immediate initiation of the primary series. Decisions regarding deployability are still a commander's responsibility.

For more information visit the Navy medical anthrax website at <http://www-nehc.med.navy.mil/prevmed/epi/anthrax> or the DOD anthrax website at <http://www.anthrax.osd.mil>.

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Headline: Region I contractor launches TRICARE ombudsman program

By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, April 21, 2000 -- The contractor that manages TRICARE in the Northeast has launched a groundbreaking ombudsman program to improve customer service.

Sierra Military Health Services of Baltimore, TRICARE Region 1 administrator, had appointed dedicated customer-service ombudsmen at each TRICARE Service Center in the region by the end of March, company spokeswoman Beth Heid said. Region 1 encompasses the geographic area from Northern Virginia through Maine, including the entire Washington, D.C., area.

DoD TRICARE officials said they hope the ombudsmen will "provide assistance, follow-up, and resolution of critical TRICARE customer-service issues for beneficiaries."

While all customer service representatives help customers, Heid said, Sierra's TRICARE ombudsmen are specially designated to help people who walk in. She said customer service representatives may be helping people on the phone or busy with other issues -- the ombudsman program representative sits with walk-in customers and works face-to-face with them on problems and questions.

The Region 1's 32 TRICARE Service Centers are located within five miles of a military medical treatment facility; some service centers and treatment facilities are co-located. Heid said photos and name plaques of local ombudsmen will be posted prominently in service centers for patients' convenience.

"SMHS is proud to demonstrate the importance we place on delighting our customer and on making it easier for patients to find consistent, thorough answers regarding their healthcare benefits," Sierra President David R. Nelson said. "While we have always focused on providing high levels of customer service, I believe this program is a valuable extra step toward our commitment to the excellent service our customers deserve."

Customer service within TRICARE has drawn a lot of

attention in recent months, with senior DoD leaders vowing that "fixing" healthcare for active duty, retirees and their families is a top priority in the fiscal 2001 budget proposal.

Speaking to the annual TRICARE Conference in Washington in January, Army Gen. Henry Shelton, chairman of the Joint Chiefs of Staff, told a group of military and civilian medical professionals that healthcare is one of DoD's "big four" quality-of-life issues -- the pillars of a quality volunteer force. The others are pay and compensation, retirement benefits and housing.

"The bottom line is that our service members and their families must be able to count on their healthcare system," Shelton said. "Our fighting men and women on the front lines of freedom need to know that their families are being taken care of."

Sierra officials hope the ombudsman program goes a long way in addressing those concerns. "This is part of continually evaluating how we can provide heightened customer service," Heid said.

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Headline: TRICARE question and answer  
From Bureau of Medicine and Surgery

Question: As a retiree enrolled in TRICARE Prime, does my enrollment transfer to the new region if I move?

Answer: As a retiree you will be allowed to disenroll and re-enroll twice during the same year. The caveat is that you re-enroll to the original region (i.e. disenroll in region 1 and enroll to region 3 then disenroll in 3 and re-enroll back to region 1). You will be covered for emergency care under Prime from your original region while in route to the next region.

For more information, visit the TRICARE website at <http://www.tricare.osd.mil>.

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Headline: Healthwatch: Diarrhea, A Common Childhood Illness  
From Bureau of Medicine and Surgery

WASHINGTON -- Diarrhea is a common childhood illness that usually results from people coming in contact with other people who are infected with viruses. These viruses then enter the bowel and make the bowel secrete more water than usual.

The result is loose, watery stool that passes more often. Diarrhea can also be caused by bacterial infections. Generally, these occur when people travel and come into contact with bacterially infected drinking water, swimming lakes or pets.

As a parent, there are several things you can do to help your child get over diarrhea:

(1) Give the child plenty of fluids to drink. Popsicles, Gatorade, broth, water, and Pedialyte are all examples of

fluids. These fluids flush out the virus and prevent dehydration.

(2) Place the child on a lighter, low-fat diet until the stools slow down or return to normal. The "BRAT" diet is a well known, very good diet that helps slow loose stools.

It is: B - Bananas R - Rice A - Applesauce T - Toast.

Greasy or fried foods will usually make the diarrhea worse.

(3) Avoid milk products for 24-48 hours. For babies on formula, switching to a soy-based milk -- such as ProSobee or Isomil -- will be necessary to continue feeding without making the diarrhea worse.

(4) If you are giving the child juice as a part of the fluids, first dilute it half and half with water or Pedialyte.

(5) Finally, a coating antacid such as Pepto Bismal may be used. A dose of one teaspoon (5 ml) may be used for each 10 pounds that the child weighs, up to 30 ml. For instance, a 10-pound child would get one teaspoon every six hours. A 20-pound child would get two teaspoons (10 ml) every six hours. If your child weighs more than 60 pounds, do not give more than 30 ml, or two tablespoons.

Finally, there are several cases in which you should see a physician for diarrhea: -- if the diarrhea lasts longer than three-five days. -- if there is blood or mucous in the stool. -- if the child develops a fever greater than 103 degrees F. -- if the child also has vomiting and cannot hold down fluids. -- if the child also has complaints of burning when urinating. Certainly, at any time if you as a parent have concerns about the way your child is responding to diarrhea or other illness, call your pediatrician.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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